

MAR 29 2006

PTO/SB/81 (04-05)

Approved for use through 11/30/2005, OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                          |
|------------------------|--------------------------|
| Application Number     | 10/538,645               |
| Filing Date            | 8/20/2004                |
| First Named Inventor   | Salvadori, Larry, et al. |
| Title                  | SURGICAL INSTRUMENT      |
| Art Unit               | Unknown                  |
| Examiner Name          | To Be Determined         |
| Attorney Docket Number | S-8500 US (1)            |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name / Reg. No.                       | Name / Registration Number         |
|---------------------------------------|------------------------------------|
| Elizabeth A. O'Brien, Reg. No. 46,128 | Edward S. Jarmolowicz, Reg. 47,238 |
| Don Webber, Reg. No. 34,275           | Stephen Faciszewski, Reg. 36,131   |
| Douglas E. Denninger, Reg. No. 31,752 |                                    |
| William Dee, Reg. No. 46,657          |                                    |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Tyco Healthcare Group LPAddress IP Legal Department  
15 Hampshire Street

City Mansfield

State MA

Zip 02048

Country United States of America

Telephone (508) 261-8000

Email llegal@tycohealthcare.com

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

|                   |                          |           |              |
|-------------------|--------------------------|-----------|--------------|
| Signature         | <i>Larry Salvadori</i>   | Date      | 10/18/05     |
| Name              | Larry Salvadori          | Telephone | 617-690-8882 |
| Title and Company | Tyco Healthcare Group LP |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

PTO/SB/01 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                          |
|------------------------|--------------------------|
| Application Number     | 10/536,545               |
| Filing Date            | 8/20/2004                |
| First Named Inventor   | Salvadori, Larry, et al. |
| Title                  | SURGICAL INSTRUMENT      |
| Art Unit               | Unknown                  |
| Examiner Name          | To Be Determined         |
| Attorney Docket Number | 8-8500 US (1)            |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name/Reg. No.                         | Name / Registration Number         |
|---------------------------------------|------------------------------------|
| Elizabeth A. O'Brien, Reg. No. 46,128 | Edward S. Jarmolowicz, Reg. 47,238 |
| Don Webber, Reg. No. 34,275           | Stephen Faciszewski, Reg. 36,131   |
| Douglas E. Denninger, Reg. No. 31,752 |                                    |
| William Dee, Reg. No. 46,657          |                                    |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

|   |  |       |                           |     |       |
|---|--|-------|---------------------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Tyco Healthcare Group LP                   |       |                           |     |       |
| Address   | IP Legal Department<br>15 Hampshire Street |       |                           |     |       |
| City  | Mansfield                                  | State | MA                        | Zip | 02048 |
| Country   | United States of America                   |       |                           |     |       |
| Telephone   | (508) 261-8000                             | Email | tlegal@tycohealthcare.com |     |       |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

|                   |   |           |              |
|-------------------|---|-----------|--------------|
| Signature         |  | Date      | 10-24-05     |
| Name              | Lee Gour  | Telephone | 619-690-8585 |
| Title and Company | Tyco Healthcare Group LP  |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

|                        |                          |
|------------------------|--------------------------|
| Application Number     | 10/538,545               |
| Filing Date            | 8/20/2004                |
| First Named Inventor   | Salvadori, Larry, et al. |
| Title                  | SURGICAL INSTRUMENT      |
| Art Unit               | Unknown                  |
| Examiner Name          | To Be Determined         |
| Attorney Docket Number | S-8500 US (1)            |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name/Reg. No.                         | Name/Registration Number           |
|---------------------------------------|------------------------------------|
| Elizabeth A. O'Brien, Reg. No. 46,128 | Edward S. Jarmolowicz, Reg. 47,238 |
| Don Webber, Reg. No. 34,275           | Stephen Faciszewski, Reg. 36,131   |
| Douglas E. Denninger, Reg. No. 31,752 |                                    |
| William Dee, Reg. No. 46,657          |                                    |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Tyco Healthcare Group LP

Address  
IP Legal Department  
15 Hampshire Street

City Mansfield State MA Zip 02048

Country United States of America

Telephone (508) 261-8000 Email lplegal@tycohealthcare.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

|                   |  |           |              |
|-------------------|--|-----------|--------------|
| Signature         | <i>Martin W. Kerber</i>                      | Date      | 11/3/05      |
| Name              | Martin W. Kerber                             | Telephone | 386-738-8572 |
| Title and Company | Dir. of Engineering Tyco Healthcare Group LP |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY